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**CONNECTICUT SITING COUNCIL**  
**INTERVENOR STATUS REQUEST FORM**

Docket/Petition No. \_\_\_\_\_ Town/City \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1. Manner in which intervenor's participation is in the interests of justice and will not impair the orderly conduct of the proceedings:

2. Manner and extent to which intervenor proposes to participate:

3. Statutory authority for intervenor request:

4. Nature of evidence intervenor intends to present:

Copies of this request are required to be electronically mailed to all participants on the service list, which can be found on our website in Pending Proceedings under the appropriate docket or petition number, at least five days before the date of the public hearing.

Signed \_\_\_\_\_ Date \_\_\_\_\_